

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 646946	RECEIPT DATE:	09 / 21 / 00
IA NUMBER:	PCT/ AU99 / 00201	IA FILING DATE:	03 / 24 / 99
FAMILY NAME:	GILLESPIE	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	DAVID	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 24 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:		COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	EDWIN D SCHINDLER		
STREET:	FIVE HIRSCH AVENUE		
	P O BOX 966		
CITY:	CORAM		
STATE/COUNTRY:	NY	ZIP:	117270966
EMAIL:			
APPLICATION TITLES:			
	DOCUMENT MANAGEMENT EXTENSION SOFTWARE		

TAB TO LAST POSITION,PUSH SEND